

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-375)

SERIAL NO.

FILING DATE

APPlicant(S)

537195

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		3				
5		3				
6		(1)				
7		(1)				
8		(1)				
9		(1)				
10		(1)				
11		(1)				
12		(1)				
13		(1)				
14		(1)				
15		(1)				
16		(1)				
17		(1)				
18		(1)				
19		(1)				
20		(1)				
21		(1)				
22		(1)				
23		(1)				
24	1					
25		1				
26		1				
27		3				
28		3				
29		(1)				
30		(1)				
31		(1)				
32		(1)				
33		(1)				
34		(1)				
35		(1)				
36		(1)				
37		(1)				
38		(1)				
39		(1)				
40		(1)				
41		(1)				
42		(1)				
43		(1)				
44		(1)				
45		(1)				
46		(1)				
47	1					
48		1				
49		1				
50		3				
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↖		↖		↖
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		3				
52		(1)				
53		(1)				
54		(1)				
55		(1)				
56		(1)				
57		(1)				
58		(1)				
59		(1)				
60		(1)				
61		(1)				
62		(1)				
63		(1)				
64		(1)				
65		(1)				
66		(1)				
67		(1)				
68		(1)				
69	1					
70		1				
71		1				
72		3				
73		3				
74		(1)				
75		(1)				
76		(1)				
77		(1)				
78		(1)				
79		(1)				
80		(1)				
81		(1)				
82		(1)				
83		(1)				
84		(1)				
85		(1)				
86		(1)				
87		(1)				
88		(1)				
89		(1)				
90		(1)				
91		(1)				
92		(1)				
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	4	↓		↓		↓
TOTAL DEP.	104	↖		↖		↖
TOTAL CLAIMS	108					